

Behavior Report to the Director

Date: _____

Children involved in the event:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

When did the event take place?

☐ Naptime ☐ Outside Play ☐ Meal Time ☐ Free Play
☐ Transition Time ☐ Other (Describe) _____

What time did the event take place? _____

Describe the event:

☐ Conflict with Others ☐ Hurting Others
☐ Spitting
☐ Disrespecting the Teacher ☐ Destruction of Property

Was Anyone Hurt? ☐ Yes ☐ No

Describe the injury:

What triggered the event?

Describe the event:

How did the teacher intervene in the event?

What plan have you put into place to prevent this type of event from happening again?

Has this child been involved in other events? ☐ Yes ☐ No

Have these events been documented? ☐ Yes ☐ No

Dates events took place

1. _____ Were the parents notified? ☐ Yes ☐ No

2. _____ Were the parents notified? ☐ Yes ☐ No

3. _____ Were the parents notified? ☐ Yes ☐ No

Were the parents notified of this event? ☐ Yes ☐ No

Teacher's Signature _____ **Date** _____

Director's Signature _____ **Date** _____